

**CALIFORNIA PRISON HEALTH CARE SERVICES  
SELECTION SERVICES SECTION  
SUPPLEMENTAL APPLICATION EXAMINATION FOR  
RECREATION THERAPIST, CORRECTIONAL FACILITY**

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**Read instructions carefully**

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Recreation Therapist, Correctional Facility with the California Prison Health Care Services (CPHCS) (CDCR- PLATA). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CPHCS statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

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Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

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**\*\*In order to expedite the hiring process phone numbers are required\*\***

Home/Cellular Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

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Signature

Date

**I certify that all the statements I have made in this application are true and correct.**

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***MAILING INSTRUCTIONS:***

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at **[www.spb.ca.gov](http://www.spb.ca.gov)**

**MAIL COMPLETED  
STD. 678 AND  
SUPPLEMENTAL  
APPLICATION TO:**

California Prison Health Care Services  
Selection Services Section  
P. O. Box 4038, Suite 350  
Sacramento, CA 95812-4038

**RECREATION THERAPIST, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

Education: Equivalent to graduation from a recognized college with major work in **recreation or recreation therapy**. The major must have **included** supervised field work. (Registration as a senior will admit applicants to the examination, but they must produce evidence of graduation or its equivalent and completion of the required field work before they will be considered eligible for appointment.)

**1. Do you possess the equivalent to graduation from a recognized college with major work in recreation or recreation therapy including supervised field work?**

- ☐ YES -- Indicate School: \_\_\_\_\_  
Name City State
- ☐ NO

**2. Are you currently registered as a Senior majoring in recreation or recreation therapy in a recognized college?**

- ☐ YES -- Indicate School: \_\_\_\_\_  
Name City State
- ☐ NO (If you answer "No," your application will not be accepted for this examination.)

**RECREATION THERAPIST, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work at correctional facilities in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to treat inmates/youthful offenders in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to provide emergency care to inmates and youthful offenders (e.g., CPR, first aid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to work with inmates/youthful offenders who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to abide by and adhere to institutional safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you willing to abide by and adhere to the institutional dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you willing to work rotating shifts (e.g., day shift, swing shift, weekends, and night shift) and overtime to provide coverage if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DEGREES AND CERTIFICATIONS**

Please indicate if you have any of the following degrees or certifications.

12. Certification as a Recreational Therapist by the National Council for Therapeutic Recreation.	<input type="checkbox"/>
13. Registered Recreation Certificate from the California Board of Park and Recreation Personnel with specialization in Therapeutic Recreation.	<input type="checkbox"/>
14. Possession of a master's degree in therapeutic recreation or in recreation with a concentration in therapeutic recreation.	<input type="checkbox"/>
15. Possession of a Bachelor's degree with a minor in Psychology.	<input type="checkbox"/>
16. Member of the American Therapeutic Recreation Association.	<input type="checkbox"/>
17. Specialized training in art, music, drama, or athletics.	<input type="checkbox"/>

**RECREATION THERAPIST, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

EXPERIENCE	FREQUENCY				LEVEL OF SKILL		
<b>Note to Applicant:</b> Please read carefully. Under "Work Experience," for items # 18 - 37, indicate:  <b>Frequency:</b> <ul style="list-style-type: none"> <li>If you have performed this task within the last 24 months; <u>and</u></li> <li>How often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column)</li> </ul> <b>Level of Skill:</b> <ul style="list-style-type: none"> <li>Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)</li> </ul>	Performed task within the Last 24 months	Weekly	Monthly	Annually	Not performed	Performed during training	Performed AFTER completion of education and field work.
18. Provide leadership of various types of recreation and leisure activities to inmates/patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Conduct initial recreation therapy assessments of inmate/patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Provide program consultation to peers and quality management committees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Analyze situations in order to safely deliver recreational therapeutic care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Collect baseline data on cognitive, social, physical, and psychological behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Match inmate/patient's therapeutic needs with available therapeutic interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Motivate inmates/patients to participate in prescribed treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Implement recreational therapy program for inmates/patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Document inmate/patient progress on individual and group therapies conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Use therapeutic principles and techniques in group therapy and individual activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Apply various therapeutic activities in individual/group therapies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Conduct social skills training, stress management and reality orientation in individual or group therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Provide mental health services to patients/inmates with various health impairments (e.g. schizophrenia, major depression, psychosis, personality disorders).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Use inmate/patient histories (mental, family, medical, social, employment, education and treatment) to match inmates/patients with appropriate therapeutic services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Use individual and group interventions, (e.g. behavior modification, cognitive behavior, psycho education).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Work as part of the Interdisciplinary Treatment Team (IDTT) to deliver effective mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Use principles and techniques of quality management to identify problems in mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Set goals and objectives that meet treatment needs of inmates/patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Maintain knowledge of current practices, standards and delivery of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Participate in on-the-job training programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RECREATION THERAPIST, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT – (CPHCS-PLATA)**

PLEASE MARK THE APPROPRIATE BOX (ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers** and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, **once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time      ☐ (R) Permanent Part-Time      ☐ (K) Limited-Term Full-Time      ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ (5) **ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

☐ 7238 **UPPER NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> 0802 <b>Pelican Bay State Prison</b> Crescent City, Del Norte County	<input type="checkbox"/> 1802 <b>California Correctional Center</b> Susanville, Lassen County	<input type="checkbox"/> 1805 <b>High Desert State Prison</b> Susanville, Lassen County
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☐ 7231 **NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> 0309 <b>Mule Creek State Prison</b> Ione, Amador County	<input type="checkbox"/> 3417 <b>Richard A. McGee Correctional Training Center,</b> Galt, Sacramento County
<input type="checkbox"/> 3423 <b>CSP, Sacramento</b> Represa, Sacramento County	<input type="checkbox"/> 3901 <b>Deuel Vocational Institution</b> Tracy, San Joaquin County
<input type="checkbox"/> 4804 <b>California Medical Facility</b> Vacaville, Solano County	<input type="checkbox"/> 4811 <b>CSP, Solano</b> Vacaville, Solano County
<input type="checkbox"/> 2102 <b>CSP, San Quentin</b> San Quentin, Marin County	<input type="checkbox"/> 5505 <b>Sierra Conservation Center</b> Jamestown, Tuolumne County
<input type="checkbox"/> 3400 <b>Headquarters</b> Sacramento, Sacramento County	
<input type="checkbox"/> 3404 <b>Folsom State Prison</b> Represa, Sacramento County	

**YOUTH FACILITIES:**

<input type="checkbox"/> 3908 <b>O.H. Close YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> 3917 <b>N.A. Chaderjian YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> 3907 <b>Northern California YCF</b> Stockton, San Joaquin County
<input type="checkbox"/> 0311 <b>Pine Grove Youth</b> Pine Grove, Amador County
<input type="checkbox"/> 0311 <b>Preston YCF</b> Ione, Amador County

☐ 7232 **CENTRAL REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> 1015 <b>Pleasant Valley State Prison</b> Coalinga, Fresno County	<input type="checkbox"/> 2003 <b>Central California Women's Facility</b> Chowchilla, Madera County	
<input type="checkbox"/> 1513 <b>Wasco State Prison</b> <b>Reception Center,</b> Wasco, Kern County	<input type="checkbox"/> 2004 <b>Valley State Prison for Women</b> Chowchilla, Madera County	
<input type="checkbox"/> 1514 <b>North Kern State Prison</b> Delano, Kern County	<input type="checkbox"/> 2701 <b>Correctional Training Facility</b> Soledad, Monterey County	
<input type="checkbox"/> 1522 <b>Kern Valley State Prison</b> Delano, Kern County	<input type="checkbox"/> 2708 <b>Salinas Valley State Prison</b> Soledad, Monterey County	
<input type="checkbox"/> 1605 <b>Avenal State Prison</b> Avenal, Kings County	<input type="checkbox"/> 4005 <b>California Men's Colony</b> San Luis Obispo, San Luis Obispo County	
<input type="checkbox"/> 1606 <b>CSP, Corcoran</b> Corcoran, Kings County	<input type="checkbox"/> 1608 <b>California Substance Abuse Treatment Facility,</b> Corcoran, Kings County	

☐ 7233 **SOUTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

<input type="checkbox"/> 1307 <b>Calipatria State Prison</b> Calipatria, Imperial County (North)	<input type="checkbox"/> 3313 <b>Chuckawalla Valley State Prison</b> Blythe, Riverside County
<input type="checkbox"/> 1308 <b>Centinela State Prison</b> Imperial, Imperial County (South)	<input type="checkbox"/> 3329 <b>Ironwood State Prison</b> Blythe, Riverside County
<input type="checkbox"/> 1503 <b>California Correctional Institution</b> Tehachapi, Kern County	<input type="checkbox"/> 3612 <b>California Institution for Men</b> Chino, San Bernardino County
<input type="checkbox"/> 1995 <b>CSP, Los Angeles</b> Lancaster, Los Angeles County	<input type="checkbox"/> 3613 <b>California Institution for Women</b> Corona, San Bernardino County
<input type="checkbox"/> 3310 <b>California Rehabilitation Center</b> Norco, Riverside County	<input type="checkbox"/> 3715 <b>R. J. Donovan Correctional Facility</b> <b>at Rock Mountain</b> San Diego, San Diego County

**YOUTH FACILITIES:**

<input type="checkbox"/> 3628 <b>Heman G. Stark YCF</b> Chino, San Bernardino County
<input type="checkbox"/> 1967 <b>Southern Youth Correctional Reception Center &amp; Clinic</b> Norwalk, Los Angeles County
<input type="checkbox"/> 5610 <b>Ventura YCF</b> Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:  
CPHCS, P.O. Box 4038, Suite 350 Sacramento, CA 95812- 4038, Attn: Selection Service Section.

**RECREATION THERAPIST, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

**These questions are not part of the examination but are for the hiring authority's information.**

***HOW DID YOU HEAR ABOUT Recreation Therapist, CF EXAMINATION?***

Check the box that best describes how you found out about the Recreation Therapist, CF Examination?

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Prison Health Care Services employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other